

and religion were present with one common goal: to assure that everyone in a terminal or incurable state, has the choice to do what they wish, at the end of their lives, in order to die with their loved ones, without suffering, with the help of a prescription of medication from a physician. At the last national polling, at least 74% of our citizens agree that this is our right. Legislation should not be needed but the Anti-choice people and some intolerant religions with large bank rolls and some of the AMA want to take this right away from us through legislation and we are being forced to fight back. Medicine has changed in the last 30 years: with the advent of sophisticated machines and medications, persons who would have died peacefully in prior years are now artificially forced to linger in a sometimes painful and cruel dying process.

This is not everyone's wish—*certainly not mine*.

Highlights of the conference was the talk, followed by questions and answers by Mr Geoffrey Feiger, the attorney for Dr Jack Kevorkian. His main message was "They" are trying to take away our right to die when and how we want. "They" would love to talk about this for the next 100 years. "They" will try to bankrupt us. "They" will do everything in their power to enforce their views on us - *we must fight this intrusion into our lives*. The video of Geoffrey Feiger, Esq. is available through the Hemlock Hawaii Chapter, which is listed in the Honolulu telephone directory.

#### Editor's Note:

Andi van der Voort RN was born and educated in Canada, and received postgraduate training in psychology in Costa Mesa, California. She has worked at Queen's, Castle, and St. Francis Medical Centers. Though officially semi-retired, she now serves as president of Kaneohe Bay Toastmasters, Humanists Hawaii, and Hemlock Hawaii. She is far from retired! Mrs. van der Voort and her husband of 38 years live in Lanikai. She is a frequent speaker representing Hemlock Hawaii at civic and educational meetings. Recently, she served on a University of Hawaii panel on Death with Dignity on the Big Island. This tape is currently aired on Olelo TV.

## President's Message


**John S. Spangler MD**

This is the month for legislative action and many bills including medical ones will be debated and hopefully HMA will help with this as we have done in the past. We tend to complain about the government but we need to support the process and hope to make it better.

Also February is love month with Valentine's Day. You need to express your love this month!

**Tired of  
throwing  
your weight  
around?**

**American Heart  
Association**  
Fighting Heart Disease  
and Stroke



**Exercise.**

## Special Commentary

**W. Mitchell Sams, Jr. MD**  
**President, American Academy of Dermatology**

**Dermatology World (AAD) Vol #10**  
**October 1996**

### An Open Letter to My Son

Dear Hunter:

Now that you have completed the first three years of medical school and are increasingly excited about patient contacts and your future role as a physician, I'd like to take this opportunity to pass on to you some thoughts that I have developed over many years of practice and that, if followed, are certain to make your own professional life more rewarding and your patients more satisfied.

- Don't forget to smile as you enter the patient's room. Such a simple gesture is terribly important and puts the patient immediately at ease.
- Remember that a patient often is frightened and lonely. Take the time and expend the effort to sit down with that patient, relax and just talk and listen, rather than standing as though you are in a hurry to leave the room.
- Write your notes about the patient and your prescription in the patient's room. It is much more meaningful to them and permits you to spend more time with the patient. They may think of other questions important to them when you are relaxed.
- Touch the patient, even if just lightly on the arm. This shows you are not afraid of catching whatever they have (whether skin disease or not), but also conveys concern and understanding. It can be a magnificently important gesture.
- Learn some "nonessential" information about the patient, such as hobbies, recent trips, children's achievements and ambitions. Then make a note of this in the chart and bring up the subject again on the next visit. You will be amazed at how impressed the patient is with your "memory" for these events.
- It is o.k. to express confidence in helping the patient that may not be totally justified by the options. The patient's confidence in you and in the real possibility of improving his or her condition can enhance the healing process.
- At the same time, tell the truth. If the disease is not curable (such as psoriasis or atopic dermatitis), say so, but quickly add that it can be controlled with appropriate therapy. I liken psoriasis to arthritis or diabetes; neither are curable but both are usually controllable. Patients seem to understand and accept that better.
- If you are running behind schedule, apologize to the patient as you enter the room. It puts them off guard if they were planning to complain and lets them know you are aware that their time is also important.
- Express your appreciation often and sincerely to the people who help you be what you are—your colleagues, your nurses, your residents, your receptionists. You will not be a success without them. Be sure you let them know that.

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## Disaster Medicine in Honolulu

Benjamin Berg MD

In 1994 a congressionally supported program initiated operation in Honolulu. The Center of Excellence in Disaster Management and Humanitarian Assistance (COE) was developed as a direct result of lessons learned during crises in the Middle East, Sub-Saharan Africa, and the Balkan region. The COE was conceived and mandated as a world-class organization to provide facilitation of education, training, and research in civil-military operations for response to international disaster management and humanitarian assistance projects.

The structure of the COE is a unique amalgam of Military and civilian resources. A cooperative partnership of the United States Pacific Command (PACOM), The Pacific Regional Medical Command of Tripler Regional Medical Center, and the University of Hawaii has been established to operate the COE. These organizations provide the academic and operational resources which are the foundation of a true model Center of Excellence. An international faculty of recognized leaders in international humanitarian operations provides the scholarly and operational expertise for the COE. The COE employs a staff which facilitates needs assessments, curriculum development, conferencing, training programs, research, and an education based electronic information network. The COE also provides evaluation and development for disaster management and humanitarian assistance, especially where civil-military coordination is required.

Complex humanitarian emergencies are tragic events. They frequently occur in developing countries, which have limited economic resources, and volatile political environments. The Asia-Pacific region encompasses 59% of the world's population, and 70% of the world's natural disasters. The genesis of such complex humanitarian emergencies most frequently include warfare, natural disasters, political and social isolation of populations, and other geo-economic factors. Earthquakes, volcanic eruptions, floods, tsunamis, and cyclones contribute to the incidence of natural disasters in the region. Developing countries are at the greatest risk of such complex emergencies, and are at particular risk of natural disasters becoming catastrophic public health emergencies, and destabilizing tenuous social and political environments. Not uncommonly, disasters become complex humanitarian emergencies, under such circumstances. Assistance for specialized health care, sanitation, nutrition, logistics, shelter, and water is required to minimize death and suffering. The COE, by anticipating and training those who will work together during relief operations, serves to establish and maintain self-reliance, security, and vigilance.

The integration of relief operation requires coordination of many diverse organizational elements, to optimally allocate resources. There are numerous examples of poor coordination resulting in wasted resources and ineffective relief. The 1988 Armenian earthquake was one such event. Governmental and non-governmental organizations have not had mechanisms for coordinating efforts during many disaster response missions. The multitude of responders involved in massive relief missions, including Red Cross, United Nations, non-governmental volunteer organizations, military, and other international relief societies, exemplifies why coordination

is the key to effective and efficient operations. The mission of the COE is to facilitate cooperative, coordinated, and integrated disaster response capabilities through its activities in the Asia-Pacific region. The COE has collaborated with Government, Military, UN, ICRC, Red Cross and Red Crescent Societies, Non-Governmental Organizations (NGOs), and CDC.

The COE has sponsored numerous on-site and transportable educational programs. Most recently a local seminar in training for rapid response to terrorist activity was conducted in Honolulu. Seminars for training and regional needs assessment have been conducted in Indonesia, Malaysia, Singapore, Thailand, the former Yugoslavia, and the US mainland. In addition to training military personnel in operations other than war, the COE hosts meetings between agencies. The Switzerland based International Committee for Red Cross, for example, was not comfortable associating with the military combatants. The COE provides a medium to facilitate effective communication in situations where cultural barriers may be barriers to productive working relationships, such as this.

The Staff of the COE is lead by Dr Frederick (Skip) Burkle MD, MPH, who is a professor of Pediatrics and Chair of the Emergency Medicine Division at John A. Burns School of Medicine. Dr Burkle is also a Naval reserve officer, with the rank of Captain. He served in the Gulf War and is the author of the first published textbook of Disaster Medicine. He is an expert in Complex Humanitarian Emergencies and Triage. As a recognized international authority in Disaster Medicine he leads a world class organization.

A major component of The Center of Excellence is the **Pacific Disaster Management Information Network (PDMIN)**, an electronic information and development center. The primary focus of the PDMIN is an Internet presence via World Wide Web architecture which features: select links to other disaster-related Internet sites; disaster-related news and weather reports; historical data; Pacific Rim disaster-related information; information on current disasters; electronic journals and newsletter; discussion and e-mail groups; fully-searchable full-text publications including country-specific disaster management handbooks and plans. The World Wide Web enables user-friendly global access and retrieval of a wide variety of information. The current URL is <http://204.208.4.136>.

### An Open Letter to My Son

*Continued From Page 30*

This is such simple advice that we often forget it. But you can imagine how important it is only if you have been the patient rather than the doctor. Start now and all of these traits will be with you for your professional lifetime.

*Love, Dad*

#### Editors note:

This letter appeared in the American Academy of Dermatology report in *Dermatology World* Vol. No. 10, October 1996 page 3. In his provisions letter Dr Sams said "I have received more comments about that particular essay than any of the others I have written thus far. I am, indeed flattered that you would wish to publish it in the *Hawaii Medical Journal* and I would consider it an honor to have it there." This letter of fatherly advice should be presented to every medical student.